

**State of Washington
Department of Retirement Systems**

**Deferred Compensation Program
PAYMENT ADVICE**

Employer Name:	SOMEWHERE CITY OF
Reporting Group:	899Z99

Payment Number	Reporting Period	Version/Expected	Amount
87231	09/2001	02 of 02	\$750.00

System Total for This Page	\$750.00
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Mail this form and DCP Transmittal Report *with payment to:*

**Department of Retirement Systems
PO Box 9018
Olympia WA 98507-9018**

For DRS use only
DRS Receipt Number: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>

DRS D 127(6/00)